

REQUEST FOR LEAVE TRANSFER				INSTRUCTIONS: Submit original only.	
PART I - TO BE COMPLETED BY EMPLOYEE REQUESTING LEAVE					
TO:	DASC-KSR	FROM:	NAME (Last, First, MI)	OFC SYMBOL	TELEPHONE
THRU:	REVIEWING/ APPROVING OFFICIAL		POSITION TITLE	GRADE AND PAY LEVEL	
			NO. OF HOURS REQUESTED	BEGINNING AND ANTICIPATED ENDING DATE OF MEDICAL EMERGENCY	
REASON FOR REQUEST (Include brief description of nature, severity, and anticipated duration of the medical emergency, and, if recurring, the approximate frequency. Medical certification MUST be attached.)					
DISTRIBUTE DONATED LEAVE AS FOLLOWS: _____ hours to annual leave account. _____ hours retroactively substituted for leave without pay used on following dates: _____ _____ hours to be used to liquidate advanced <input type="checkbox"/> sick <input type="checkbox"/> annual leave granted on _____ (date)					
I UNDERSTAND that my name, position title, grade, pay level, office symbol, and nature of my medical emergency may be used in advising potential leave donors of my situation and in soliciting donations.			SIGNATURE OF EMPLOYEE	AS OF DATE	
PART II - REVIEWING/APPROVING OFFICIALS					
IMMEDIATE SUPERVISOR	ANNUAL LEAVE BALANCE		SICK LEAVE BALANCE		AS OF DATE
	<input type="checkbox"/> Immediate supervisor certifies the above leave balances to be correct according to TALES or DLA Finance Center payroll records.				
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	IF DISAPPROVED, STATE REASON:			
	TYPED NAME AND TITLE		SIGNATURE		DATE
APPROVING OFFICIAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> IF APPROVED, approving official certifies it has been determined that the leave recipient's absence from duty without paid leave because of medical emergency is, or is expected to be, at least 80 hours. <input type="checkbox"/> IF DISAPPROVED, STATE REASON:		
	TYPED NAME AND TITLE		SIGNATURE		DATE

PART III - NOTICE TO EMPLOYEE

☐ Your application to become a leave recipient has been forwarded to the Office of Civilian Personnel. Other employees may now request to transfer leave to your leave account. The Office of Civilian Personnel will notify you if and when a leave donation becomes available.

☐ Your application to become a leave recipient has been disapproved for the reasons cited in Part II of this form. By copy of this application, the Office of Civilian Personnel has been notified of this disapproval.

PART IV - OFFICE OF CIVILIAN PERSONNEL

TO: **DFAS-CO-AEP** FROM: **DASC-KSR** INFORMATION COPY TO:

Employee's request for _____ hours of transferred annual leave ☐ is ☐ is not
☐ other: _____ in consonance with
applicable personnel regulations.

Leave is to be transferred from the annual leave account of the attached donor. Leave transfer is to be effective
_____.

Leave transferred to the recipient is to be distributed as follows:

_____ hours to annual leave account.

_____ hours to be retroactively substituted for leave without pay used on the following dates:

_____ hours to be used to liquidate advanced ☐ sick ☐ annual leave granted on _____
(date)

REMARKS

CHIEF, EMPLOYEE RELATIONS BRANCH (Typed Name)

SIGNATURE

DATE